1002 EUREKA, P. O. BOX 265			
RI PON 54971 Phone: (920) 748-6252		Ownershi p:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	FDDs
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	56	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/01):	60	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	56	Average Daily Census:	55
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Pri mary Di agnosi s	%	Age Groups	%	Less Than 1 Year	10. 7
Supp. Home Care-Personal Care	No				j	1 - 4 Years	10. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	100. 0	Under 65	75.0	More Than 4 Years	78. 6
Day Services	No	Mental Illness (Org./Psy)	0. 0	65 - 74	16. 1		
Respite Care	No	Mental Illness (Other)	0. 0	['] 75 - 84	5.4	'	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	3.6	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	0.0	Full-Time Equivalen	
Congregate Meals	No	Cancer	0. 0	İ	Í	Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	0. 0		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0. 0	65 & 0ver	25. 0		
Transportati on	No	Cerebrovascul ar	0. 0			RNs	4. 7
Referral Service	No	Di abetes	0. 0	Sex	% j	LPNs	10. 8
Other Services	No	Respi ratory	0.0		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0.0	Male	57. 1	Aides, & Orderlies	35. 0
Mentally Ill	No			Female	42. 9		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	Yes]			100.0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther		I	Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of s All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				56	100.0	106	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	56	100.0
Traumatic Brain Inj		0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		56	100.0		0	0.0		0	0.0		0	0.0		0	0.0		56	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti ons	s, Services, an	nd Activities as of 12	/31/01
zewene zuring nepereing rerreu		<u> </u>		% No	eedi ng		Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	37. 5	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	30. 4	:	51. 8	17. 9	56
Other Nursing Homes	0.0	Dressi ng	50. 0	;	37. 5	12. 5	56
Acute Care Hospitals	12. 5	Transferring	71. 4	:	23. 2	5. 4	56
Psych. HospMR/DD Facilities	37. 5	Toilet Use	58 . 9	:	33. 9	7. 1	56
Rehabilitation Hospitals	0.0	Eati ng	82. 1		12. 5	5. 4	56
Other Locations	12. 5	***************	******	*****	******	***********	******
Total Number of Admissions	8	Continence		% S _l	ecial Treatmen		%
Percent Discharges To:		Indwelling Or Externa		0. 0	Receiving Resp	iratory Care	0. 0
Private Home/No Home Health	14. 3	Occ/Freq. Incontinent	of Bladder	46. 4	Receiving Trac	heostomy Care	0. 0
Private Home/With Home Health	0.0	0cc/Freq. Incontinent	of Bowel	48. 2	Receiving Suct	i oni ng	0. 0
Other Nursing Homes	0.0				Receiving Osto	my Care	0. 0
Acute Care Hospitals	0.0	Mobility			Receiving Tube		7. 1
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	10. 7	Receiving Mech	anically Altered Dieta	s 55. 4
Rehabilitation Hospitals	0. 0						
Other Locations	71.4	Skin Care		0	ther Resident C		
Deaths	14. 3	With Pressure Sores		0. 0	Have Advance D	i recti ves	0. 0
Total Number of Discharges		With Rashes		7. 1 M	edi cati ons	_	
(Including Deaths)	7				Receiving Psyc	hoactive Drugs	37. 5

	Thi s]	FDD			
	Facility	Fac	cilities	Fac	ilties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	91. 7	84. 6	1. 08	84. 6	1. 08	
Current Residents from In-County	46. 4	41. 3	1. 13	77. 0	0. 60	
Admissions from In-County, Still Residing	0.0	17. 0	0.00	20. 8	0.00	
Admissions/Average Daily Census	14. 5	18. 6	0. 78	128. 9	0. 11	
Discharges/Average Daily Census	12. 7	22. 2	0. 57	130. 0	0. 10	
Discharges To Private Residence/Average Daily Census	1. 8	9. 4	0. 19	52. 8	0. 03	
Residents Receiving Skilled Care	0. 0	0.0	0.00	85. 3	0.00	
Residents Aged 65 and Older	25. 0	15. 8	1. 58	87. 5	0. 29	
Title 19 (Medicaid) Funded Residents	100. 0	99. 3	1. 01	68. 7	1. 46	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0.00	
Developmentally Disabled Residents	100. 0	99. 7	1.00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0.00	
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0.00	
Impaired ADL (Mean)*	26. 4	50. 6	0. 52	49. 3	0. 54	
Psychological Problems	37. 5	46. 6	0. 80	51. 9	0. 72	
Nursing Care Required (Mean)*	8. 7	11.0	0. 79	7. 3	1. 19	